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CONFIRMATION NO. 2327

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | | | | | | |
|--|---|--|---------------------------|---|---|---|--|---------------------------|-----------------------|--------------------------------|--------------------------------------|
| 10/577,045 | 12/12/2006 RULE | 349 | 2874 | 289688US2PCT | | | | | | | |
| APPLICANTS Daiichi Suzuki, Ishikawa-gun, JAPAN; Kazuhiro Nishiyama, Kanazawa-shi, JAPAN; Mitsutaka Okita, Mattou-shi, JAPAN; Shigesumi Araki, Ishikawa-gun, JAPAN; ** CONTINUING DATA ***** This application is a 371 of PCT/JP04/15585 10/21/2004 /RSP/ 6/4/2009 ** FOREIGN APPLICATIONS ***** JAPAN 2003-362344 10/22/2003 /RSP/ 6/4/2009 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/03/2007 | | | | | | | | | | | |
| <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged</td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /RHONDA S. PEACE/ Examiner's Signature </td> <td> <input type="checkbox"/> Met after Allowance Initials </td> <td>STATE OR COUNTRY JAPAN</td> <td>SHEETS DRAWINGS 13</td> <td>TOTAL CLAIMS 7 8</td> <td>INDEPENDENT CLAIMS 1 2</td> </tr> </table> | | | | | Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /RHONDA S. PEACE/ Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY JAPAN | SHEETS DRAWINGS 13 | TOTAL CLAIMS 7 8 | INDEPENDENT CLAIMS 1 2 |
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| ADDRESS [RSP/ 6/4/2009] OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES | | | | | | | | | | | |
| TITLE Liquid crystal display cell | | | | | | | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | | | | | |